

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Roy N. Ostrander

Petition No. 97III-014-025

**PRELICENSURE CONSENT ORDER**

WHEREAS, Roy N. Ostrander of Geneva, New York (hereinafter "respondent") has applied for licensure to practice as a physical therapist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376 of the General Statutes of Connecticut, as amended; and, WHEREAS, respondent admits that:

1. The Department has at no time issued respondent a license to practice the occupation of physical therapy under the General Statutes of Connecticut, Chapter 376.
2. On December 19, 1996, the New York State Education Department, State Board for Physical Therapy took disciplinary action (Order attached) against the respondent's physical therapy license for practicing the profession of physical therapy beyond its authorized scope by providing inappropriate treatment to patients in that said treatment was not in accordance with directives contained in physician referrals. Such discipline consisted of a one thousand dollar (\$1000.00) civil penalty, fifty hours of public service and a two year period of probation.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of his application for licensure.
2. After satisfying the requirements for licensure as a physical therapist as set forth in Chapter 376 of the General Statutes of Connecticut, respondent's license to practice as a physical therapist will be issued.
3. Respondent's license to practice as a physical therapist in the State of Connecticut shall, immediately upon issuance, be placed on probation to run concurrently with New York's probation under the following terms and conditions:
  - a. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of his probation within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility.
  - b. Respondent shall be responsible for the provision of monthly written reports directly to the Department from his supervisor for the first year of his probation and every other month for the remaining period of his probation. Employer reports shall include documentation of respondent's ability to safely and competently practice physical therapy and shall document respondent's compliance with physician orders for therapy. Reports are due on the tenth business day of each month. The first monthly report required by the terms of this Prelicensure Consent Order is due on the tenth day of the first full month after the effective date of this Prelicensure Consent Order.
  - c. During the period of probation, respondent shall only practice physical therapy in an institutional setting or a setting in which respondent has supervision of his practice.

4. Respondent shall comply with all state and federal statutes and regulations applicable to his license.
5. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in his home and/or business address within fifteen (15) days of such change.
7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order may result in the Department immediately deeming the respondent's physical therapy license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
8. Correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS#12HSR  
PO Box 340308  
Hartford, Connecticut 06134-0308

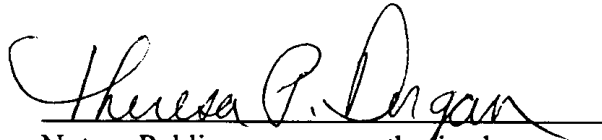
9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut State Board of Examiners for Physical Therapists in which (1) his compliance with this Prelicensure Consent Order is at issue, or (2) his compliance with §20-73a of the Connecticut General Statutes, as amended, is at issue.
11. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
12. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent understands this Prelicensure Consent Order is a matter of public record.
15. Respondent understands he has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Roy N. Ostrander have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.



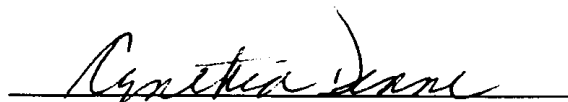
Roy N. Ostrander

Subscribed and sworn to before me this 15<sup>th</sup> day of December 1997.



Notary Public or person authorized  
by law to administer affirmations  
THERESA P. DORGAN  
Notary Public, State of New York  
Ontario County No. 5000222  
My Commission Expires 08-10-98

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 23<sup>rd</sup> day of December 1997, it is hereby ordered and accepted.



Cynthia Denne, Director  
Division of Health Systems Regulation



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED  
P 265 409 447

December 26, 1997

Roy N. Ostrander  
2802 Melvin Hill Road  
Geneva, NY 14456

Dear Mr. Ostrander:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a physical therapist in the State of Connecticut.

Connecticut license number 005989 has been issued to you, effective the date of this letter. You are eligible to begin the practice of physical therapy as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.



Phone: (860) 509-7560  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS #12 APP  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

December 26, 1997

Page 2 of 2

Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7560.

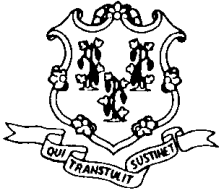
Sincerely,



Debra Tomassone  
Health Services Supervisor of Licensure and Registration  
Division of Health Services Regulation

cc: Kay Zarrella, HSS,L  
Bonnie Pinkerton, NC  
Stanley Peck, Director, Legal Office

Petition Number: 97III-014-025



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

September 27, 1999

Roy Ostrander, P.T.  
2802 Melvin Hill Rd  
Geneva, NY 14456

Re: Prelicensure Consent Order  
Petition No. 97III-014-025  
License No. 005989

**Completion of Probation**

Dear Mr. Ostrander:

Please be advised that the probationary terms of the above-referenced Prelicensure Consent Order have been satisfied, effective September 13, 1999.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from License No. 005989, related to the above-referenced Consent Order.

Sincerely,

A handwritten signature in cursive script that reads "Richard Goldman".

Richard Goldman  
Paralegal Specialist II  
Division of Health Systems Regulation

cc: Debra Tomassone, PHSM  
Bonnie Pinkerton, RNC



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
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